



DEPARTMENT OF HEALTH SERVICES

1714/744 P STREET
SACRAMENTO, CA 95814
50 445-1912

January, 7, 1982

To: All County Welfare Directors

Letter No. 82-1

VERIFICATION OF SOCIAL SECURITY NUMBER (SSN) APPLICATION

This is to inform you that form SSA 5028 (Evidence of Application for SSN) is acceptable verification that the beneficiary has applied for an SSN. If the beneficiary supplies the county welfare office with a copy of form SSA 5028, it is to be considered that he/she has met his/her obligation in applying for an SSN as required in Section 50187 of the California Administrative Code.

If you have any questions contact your Medi-Cal program consultant.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: July 31, 1982